

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Committee To Elect An Independent Senate		FEC IDENTIFICATION NUMBER ▼ C C00569228	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y 10 / 26 / 2014</div>	

Full Name of Payee Lighthouse Group LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 25 / 2014		
Mailing Address 597 SW 11th Ct			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">38054.14</div>		
City Palm City	State FL	Zip Code 34990			
Purpose of Expenditure Advertising - Production (ESTIMATE)		Category/ Type 004	Transaction ID : SE.4236 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014		
Name of Federal Candidate PAT ROBERTS <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">1600576.30</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee Lighthouse Group LLC			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2014		
Mailing Address 597 SW 11th Ct			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">348838.70</div>		
City Palm City	State FL	Zip Code 34990			
Purpose of Expenditure Advertising - Media Placement (ESTIMATE)		Category/ Type 004	Transaction ID : SE.4238 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 21 / 2014		
Name of Federal Candidate PAT ROBERTS <div style="display: inline-block; vertical-align: middle;"> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div>			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">1949415.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;">386892.84</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Thomas Layton

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014

Signature